

## ADVANCE HEALTH CARE DIRECTIVES FACTS

### DEFINITION:

Legal document in which a person identifies what actions should or should not be taken for their health if they are no longer able to make decisions for themselves. Advance Health Care Directives are also known as an Advance Directive, Power of Attorney for Healthcare, or Living Will. Though Advance Health Care Directives (AHCD) are used throughout the United States, there is not one federal or national form. Each state has written laws and developed forms designated for that state. A written AHCD from California is valid forever in California, unless it is revoked. California law recognizes multiple forms that have been written, including:

- California Hospital Association form
- California Medical Association form
- The Five Wishes
- Living Wills and Trusts
- Holographs (hand written)

### WHAT IT DOES:

- Names who can make healthcare decisions when the person can no longer do so
  - This named person is known as the agent or surrogate decision maker
  - The named person does not have to be a family member or relative
- States what the person wants or does not want done regarding:
  - Accepting or refusing life-sustaining treatments
  - Quality of life considerations, such as IVs, feeding tubes, treatments, etc. (may be written into document)
  - Place of death, such as at home or in a hospital
  - After death care (cremation or burial) and donation of organs, tissue and body

### REASONS WHY YOU WANT TO PREPARE AN ADVANCE HEALTH CARE DIRECTIVE:

- To ensure that you receive the care and services you desire
- To ensure that care and services are not given when you indicate that you do not want them
- To designate the person (agent, decision maker, or surrogate) you would like to make decisions on your behalf if you become incapacitated
- To ensure that family, friends, and your health care provider understand your wishes regarding healthcare.
- By preparing an Advance Health Care Directive, YOU say WHAT types of treatment you want or do not want and YOU determine WHO you want to speak for you.

### IN ORDER TO BE A LEGAL DOCUMENT, IT MUST HAVE:

1. The signature and date of the person the document is pertaining to
2. Signatures of witnesses
  - *Witnesses are testifying that they saw the person signing the document; they do not need to read nor agree with the document.*
  - 2 Qualified witnesses:
    - Must be 18 years of age or older
    - May Not be one of the agents/decision makers named
    - Only one witness can be related to the person or entitled to any part of the estate.

- Not the person's health care provider or an employee of provider (unless family member)
- Not an employee of a nursing or residential care facility where person is (unless family member)
- Public Notary instead of two witnesses (It is not necessary to notarize the document if two qualified witnesses have signed.)
- If person is in a Skilled Nursing Facility/nursing home, the signature of the ombudsman is necessary and required by law.

**OTHER FACTS TO KNOW:**

- PHOTOCOPIES OF COMPLETED AND APPROPRIATELY SIGNED FORM ARE JUST AS LEGAL AS THE ORIGINAL.
- AN ATTORNEY IS NOT REQUIRED TO COMPLETE AN ADVANCE HEALTH CARE DIRECTIVE.
- NURSING HOMES, SKILLED NURSING FACILITIES, ASSISTED LIVING FACILITIES, OR BOARD AND CARES MAY NOT REQUIRE AN ADVANCE HEALTH CARE DIRECTIVE.
- IT IS NOT A DOCTOR'S ORDER.

**REVOCAION OR CHANGES TO THE DOCUMENT:**

If the owner (patient) has capacity, the Advance Health Care Directive may be revoked or changed at any time. The healthcare provider(s) and agents/decision makers should be notified (preferably in writing) if the AHCD is revoked. If changes are to be made, such as changing an agent/decision maker, it is suggested a new form be completed, but changes can be made to an existing form and initialed and witnessed. If a new form is completed correctly it causes the old form to be automatically revoked.

**OTHER DOCUMENTS THAT HELP DETERMINE HEALTH CARE DECISIONS IF AND WHEN THE PATIENT IS NOT ABLE TO:**

- POLST (Physician Orders for Life-Sustaining Treatment)
  - The POLST is a physician's order when signed and dated by a physician and the patient or decision maker.
  - Filling out a POLST form is entirely voluntary, but requires that the physician orders in the form be followed by healthcare providers.
  - The order is to be followed whether at home, in the hospital, or rehabilitation center.
  - A photocopy of the form is just as legal as the original and does not have to be on pink paper.
  - The original form belongs to the patient and goes with the patient from home to any type of medical facility, skilled nursing facility or rehab and back home.
- PREHOSPITAL DO NOT RESUSCITATE (DNR)
  - Form and physician order that allows a person to NOT receive cardiopulmonary resuscitation (CPR) if found unconscious, not breathing and their heart not beating.
  - The order is for use for individuals NOT in a hospital, skilled nursing facility or rehab.
  - The form becomes null and void when the patient arrives at the hospital.